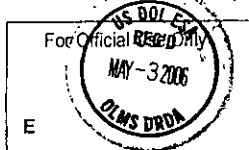


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 08305	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Joseph L Mattingly P.O. Box, Bldg., Room No., if any Street 400 Contessa Lane City Trenton State Kentucky ZIP Code + 4 42286-9422	4. Name, file number, and address of labor organization. Name Brotherhood of Railroad Signalmen Labor Organization File Number 000-167 P.O. Box, Building and Room Number, if any Street 917 Shenandoah Shores Road City Front Royal State Virginia ZIP Code + 4 22630-6418
5. Position in labor organization. Vice President - Midwest	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <i>Joseph L. Mattingly</i>	On 04/21/2006	(270) 466-0405
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name United Healthcare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 450 Columbus Boulevard

City Hartford

State Connecticut ZIP Code + 4 06115-0453

9. Business deals with:

☒ a. Labor Organization

b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Carriers' Conference Committee

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1901 L Street

City Washington

State District of Columbia ZIP Code + 4 20036-3514

11.a. Nature of such dealing.

United Healthcare (UHC) provides healthcare plan to the Union. UHC also administers and provides healthcare plan to the Railroad employers. Union plan \$350,000 annually. Railroad plan \$1.2 billion annually.

11.b. Approximate dollar value of such dealing.

\$1.2 billion

12.a. Nature of interest held or income received.

In the normal course of business, United Healthcare has provided golf, meals and a golf prize to me and/or my spouse.

12.b. Amount.

\$2,224

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.